Triage: A Comparison of Triage Tags in Common Use in the United States

Dean Pedrotti, CEP, BS, MBA
Ronald W. Perry, PhD

INTRODUCTION: Many types of triage tags are used by EMS personnel, yet no controlled studies have explored differential effectiveness of the tags.

HYPOTHESIS: Paramedics engaged in triaging patients will prefer "easy-to-use" tags over those requiring complex information and less "easy-to-use" formats.

METHODS: A three-by-two factorial design was used to compare three triage tag types: a multicolored tear-off tag; separate colored tags (one for each triage level); colored triage tape plus treatment tags for two incident sizes (10 patients and 21 patients). In all cases, the triage process involved the use of the START criteria. A series of drills was staged covering all cells of the design, with first responders from 11 fire/rescue agencies.

RESULTS: Both objective and preference measures were used in the study. The objective measures included time required for triage, elapsed time to transport Immediates, and triage errors. There were no statistically significant ($p<.05$) differences among tags on the objective measures. EMT/paramedic preference data were on four dimensions—ease of understanding, ease of use (handling), extent to which tracking is facilitated—and overall. The multicolored tear-off tag rated highest on each dimension. On related issues, the use of a "triage report" and declaration of elapsed time into an incident-by-incident command were rated as of low utility in first-alarm (small) drills but of substantially higher utility in second-alarm (larger) drills. The use of a designated treatment area was rated as highly effective for both small and large drills.

CONCLUSION: In terms of the objective measures used here, it was found that there were no statistically reliable differences between tags. This suggests that appropriately trained prehospital personnel can use a wide range of tag systems and remain within similar time and accuracy dimensions. However, strong preferences for the multicolored tear-off tag were expressed. Prehospital personnel prefer features of those tags, including ease of understanding, ease of handling and the extent to which tracking is facilitated. Ultimately, more empirical assessments should be considered using different objective measures to further document tag similarities and differences.

Direct correspondence to: Dean Pedrotti, CEP, BS, MBA, 31 W. Cochise Dr., Phoenix, AZ 85021-2484